

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046741

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 7 1963

Primary Registration District No.

1002

Registrar's No.

6416

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF Frank B. Leitz MEDICAL CERTIFICATION

| | | | | | | | |
|---|---|---|-------------------------------|--|---|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 20 years | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 4550 Warwick | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Charles Henry Armstrong | | | | 4. DATE OF DEATH Month Day Year December 15 1962 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-12-1890 | 9. AGE (last birthday) 72 Yrs | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesmanager | | 10b. KIND OF BUSINESS OR INDUSTRY Ansul Chemical | | 11. BIRTHPLACE (City and state or country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME James E. Armstrong | | 13b. MOTHER'S MAIDEN NAME Clara Clark | | 14. NAME OF HUSBAND OR WIFE Hazel S. Armstrong | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1 | | 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address Hazel S. Armstrong 4550 Warwick K.C. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture Aneurysm Abt. aorta Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Association of aneurysm DUE TO (c) Atherosclerotic - Hyp. C.V. Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | INTERVAL BETWEEN ONSET AND DEATH 20 hours 4 weeks? 10 yrs | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 1956 to Dec 15 1962 and last saw him alive on Dec 15 1962 Death occurred at 5:35 PM. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Paul B. Leitz | | (Degree or title) | | 22b. ADDRESS 1530 Prop. Rd. Kansas City, Mo. | | 22c. DATE SIGNED 12-17-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE 12-19-62 | | 23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| 24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 12-18-62 | | 26. REGISTRAR'S SIGNATURE Ruth Song | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

2.

12:30 - 5:00
4/19/1-1331
Big Bear
All Thank Jo's

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tracy McCurdy
Licensed Embalmer No. 5125

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.